PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 *(Fees pursuant to the Consolidated Appropriations Act, 3005 (H.R. 4818).)*	Docket Number (Optional) 6460-41	
Application Number 10/075,823	Filed February 12, 2002	RECEIVED CENTRAL FAX CENTER
For VEGF-D EXPRESSION IN BRAIN CANCER		APR 0 4 2005
Art Unit 1644	Examiner Phuong Huynh	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☑	One month (37 CFR 1.17(a)(1))	$120	$60	$ 60.00
☐	Two months (37 CFR 1.17(a)(2))	$450	$225	$
☐	Three months (37 CFR 1.17(a)(3))	$1020	$510	$
☐	Four months (37 CFR 1.17(a)(4))	$1590	$795	$
☐	Five months (37 CFR 1.17(a)(5))	$2160	$1080	$

☑ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☑ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0951 _____, I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the
☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
    Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☑ attorney or agent of record. Registration Number 58,712

☐ attorney or agent under 37 CFR 1.34.
    Registration number if acting under 37 CFR 1.34 _____

Signature	4/4/2005 _Date_
Nicholas A. Zachariades _Typed or printed name_	(561) 653-5000 _Telephone Number_

NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☑ Total of 1 _____ forms are submitted.

RAM Fee History Query
Revenue Accounting and Management

Name/Number: 10075823

Total Records Found: 7

Start Date: Any Date

End Date: Any Date

Accounting Date	Sequence Num.	Tran Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
02/22/2002	00000005	1	201	$370.00	02/12/2002	DA 500951
02/22/2002	00000006	1	202	$42.00	02/12/2002	DA 500951
02/22/2002	00000007	1	203	$207.00	02/12/2002	DA 500951
05/30/2002	00000093	1	581	$40.00	05/28/2002	CK
06/03/2002	00000059	1	205	$65.00	05/31/2002	CK
03/19/2004	00000116	1	2251	$55.00	03/18/2004	DA 500951
04/11/2005	00000001	1	2251	$60.00	04/05/2005	DA 500951